## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information	tion															
1. Name and Mailing Address of Respondent Venture Communications													Check here if this is a change of address.			
2. Year Report Filed 2019		6.0-1		Period (Endovered by Re	port)	ay		4. Number of Full-Time Employees during Selected Reporting Period (check one): a.  Fewer than 16 (complete Sections I, IV, and V only) b.  16 or more (complete all sections)								
SECTION II - Full-Time Emplo	yees.															
		Number of Employees (Report employees in only one category)														
Job									Race/Ethnicity							
Categories		Hispanic or Latino		Not-Hispanic or Latino											Total	
						Ma	le			Female						Columns A - N
	Male	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
		Α	В	С	D	E	F	G	Н	ı	J	К	L	М	N	0
Executive/Senior Level Officials and Managers	1.1			1				1								2
First/Mid-Level Officials and Managers	1.2			3						2						5
Professionals	2									1						1
Technicians	3			16						4						20
Sales Workers	4									8						8
Administrative Support Workers	5									5	Y					5
Craft Workers	6			1												1
Operatives	7			2												2
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	0	0	23	0	0	0	1	0	20	0	0	0	0	0	44
PREVIOUS YEAR TOTAL	11															0

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SECTION III - Part-Time Emple	Number of Employees (Report employees in only one category)														
Job	Race/Ethnicity														
Categories	Hispanic or Latino		Not-Hispanic or Latino												
			Male									Female			
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	0
	А	В													
Executive/Senior Level Officials and Managers  1.	1														0
First/Mid-Level Officials and Managers 1.	2														0
Professionals	2														0
Technicians	3														0
Sales Workers	4														0
Administrative Support Workers	5														0
Craft Workers	6														0
Operatives	7														0
Laborers and Helpers	8														0
Service Workers	9		1						1						2
TOTAL 1	0 0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
PREVIOUS YEAR TOTAL 1	1														0
SECTION IV - Report of Discrim	ination Cor	mplaints Pursua	ant to 47 CF	R 22.321, 23.	55, 90.168, 10 <sup>-</sup>	1.4, and 101	.311.								
This is to advise the company before any This is to advise the (Attach a list indicating	body having Commission	competent juris	diction in sung complaints	ch matters du s alleging viola	ring the calend ations of the pr	ar year cove	ered by this re any equal emp	port. Noyment oppor	tunity statute	e have been f	led against this	s company.			
SECTION V - Certification  I certify that to the best of my kno	wledge, info	rmation, and bel	ief, all staten	nents in this re	eport are true a	nd correct.	0	/			-				10.10
Date Ty	rped or Printed Name of Person Signing Signature Telephone No.														
	Randy V	V. Houdel	ζ	(605) 852-2224											
Title of Person Signing General Manager / C	CEO							PERMIT (47 L						1) AND/OR RI	EVOCATION